

REQUEST FOR MILITARY RENEWAL OF MONTANA DRIVER LICENSE

FULL NAME (Please Print) _____

DATE OF BIRTH _____ DRIVER LICENSE NUMBER _____

MILITARY ADDRESS _____

MONTANA ADDRESS _____

I desire a Military extension of my Montana Driver's License. I was legally licensed in Montana when I entered the armed forces and acknowledge that the license will be valid as long as the service continues and up to 30 days after my honorable discharge as stated in 61-5-104, MCA. The date of my entry into the service, and the probable date of my discharge are as follows:

DATE OF ENTRY _____ DATE OF DISCHARGE OR SEPARATION _____
(Include copy of orders showing entry)

Please mail this form to:
MOTOR VEHICLE DIVISION
ATT: RECORDS
PO BOX 201430
HELENA MT 59620-1430

MILITARY SERIAL NUMBER _____

X _____
Signature Date